

CITY OF CADIZ
2010 PRIVILEGE LICENSE TAX RETURN

P.O. Box 1465, Cadiz, KY 42211

270-522-8244

www.cadiz.ky.gov

Effective April 15, 2010 – April 15, 2011

Business Name _____ Owner _____

Physical Address _____
street city state zip

Mailing Address _____
street city state zip

Phone (____) _____ Fax _____ Cell _____

Number of Employees in Cadiz _____

Business Classification: **Wholesale**

1.	Gross Receipts for calendar year 2009 inside Cadiz *2. Documentation required to verify gross receipts	
2.	2009 Sales & Excise Taxes Paid inside Cadiz	
3.	2009 Returns & Allowances inside Cadiz	
4.	Subtract Lines 2 & 3 from Line 1	
5.	Line 4 Multiplied by: Wholesale .05% (example: \$100,000. x .05% = \$50.00)	
6.	Minimum License Fee	\$50.00
7.	Enter Larger of Line 5 or Line 6	
8.	Maximum License Fee: Wholesale - \$625.00	\$625.00
9.	Enter Smaller of Line 7 or Line 8	
10.	<u>If paid after 4-15-10 ADD penalty @ 5% X Line 9 (Minimum - \$25.00)</u>	
11.	<u>If paid after 4-15-10 ADD interest @ 1% X Line 9 per month or part month</u>	
12.	TOTAL DUE (ADD LINES 9, 10 & 11)	

Final Return? _____ **Date Business Closed or Sold** _____

Signature _____ Date _____

Printed Signature _____ Title _____

Submission of completed form is required. Incomplete form will be returned.
Self addressed stamped envelope is required to receive your copy by mail.

Include with this completed form:

1. Check for Total Due made to "City of Cadiz"

*2. Copy of 2009 Federal Tax Form **OR** List of Jobs inside Cadiz (if you work both inside and out)

3. List of all vendors/suppliers, and contractors coming into Cadiz that are paid by you (**optional**)